



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 37 Pondera			District: 0671 Dupuyer Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	2026	No	Christensen, Kevin & Carla	1.00	_____
2	2043	No	Stenson, Mary Adele	3.00	_____



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County:		District:		District Level:	
37 Pondera		0674 Conrad Elem		Elementary	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
10	2016	Yes	Peters, Julene	1.13	_____
10	2017	No	Bliss, Aaron	1.50	_____
10	2021	Yes	Johnson, Jill	0.25	_____
10	2024	No	Ratzburg, Jayne	3.00	_____
10	2122	No	Kellstrom, Keith & Christi	3.00	_____
10	2123	No	Baney, Theresa	3.15	_____
10	2125	No	Johnson, Cynthia A	5.00	_____



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Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
37 Pondera			0675 Conrad H S		High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
10	2015	No	Judisch, Cheryl	2.80	_____
10	2016	Yes	Peters, Julene	1.12	_____
10	2018	No	Jones, Paul R	0.50	_____
10	2019	No	Martin, Claudia	1.90	_____
10	2020	No	Seidler, Sandra L	4.50	_____
10	2021	Yes	Johnson, Jill	0.25	_____



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County: 37 Pondera			District: 0680 Valier H S		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
18	2124	No	Hitchcock, Mark		1.00	